

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ohio Dental Association Political Action Committee

ADDRESS (number and street)

1370 Dublin Road

☐ Check if different than previously reported. (ACC)

Columbus

OH

43215

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00011544

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr Bruce D Grbach

Signature of Treasurer

Dr Bruce D Grbach

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 04 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio Dental Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		275080.51
(b) Cash on Hand at Beginning of Reporting Period.....	344032.17	
(c) Total Receipts (from Line 19)	21955.00	208604.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	365987.17	483685.42
7. Total Disbursements (from Line 31)	35593.04	153291.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	330394.13	330394.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Dental Association Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13750.00

88425.00

(ii) Unitemized

8205.00

117679.91

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

21955.00

206104.91

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

21955.00

208604.91

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

21955.00

208604.91

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

21955.00

208604.91

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	793.04	1591.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	793.04	1591.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	17000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	34800.00	134700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35593.04	153291.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35593.04	153291.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21955.00	208604.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21955.00	208604.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	793.04	1591.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	793.04	1591.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Douglas R Anderson

Mailing Address 141 S 6th St

City State Zip Code
Columbus OH 43215-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11Al.7239

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr F Charles Arens

Mailing Address 6827 N High St Ste 115

City State Zip Code
Columbus OH 43085-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : SA11Al.7104

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Christopher Aaron Balsly

Mailing Address 8078 Crestridge Dr

City State Zip Code
West Chester OH 45069-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11Al.7264

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Stephen J Belli

Mailing Address 647 Rustic Knoll Dr

City State Zip Code
 Kent OH 44240-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : SA11AI.7233

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr John B Bennet Jr

Mailing Address 5606 Bridgetown Rd

City State Zip Code
 Cincinnati OH 45248-4334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : SA11AI.7148

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Jeremy Joseph Borsky

Mailing Address 2235 Cameron Ave

City State Zip Code
 Cincinnati OH 45212-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : SA11AI.7258

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald F Bowers Jr

Mailing Address 2043 N Edgemont Rd

City State Zip Code
Columbus OH 43212-1065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11AI.7171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey S Caldwell

Mailing Address 212 E 5th St

City State Zip Code
East Liverpool OH 43920-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : SA11AI.7102

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr Paul S Casamassimo

Mailing Address Nationwide Childrens Hospital
Department of Dentistry

City State Zip Code
Columbus OH 43205-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11AI.7152

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kwang H Chung

Mailing Address 2703 Mahoning Ave Ste 204

City

Youngstown

State

OH

Zip Code

44509-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 30 / 2012

Transaction ID : SA11AI.7087

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr George S Cochran

Mailing Address 1066 Chelsea Ave

City

Napoleon

State

OH

Zip Code

43545-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 13 / 2012

Transaction ID : SA11AI.7188

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Dr George S Cochran

Mailing Address 1066 Chelsea Ave

City

Napoleon

State

OH

Zip Code

43545-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 15 / 2012

Transaction ID : SA11AI.7051

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George S Cochran

Mailing Address 1066 Chelsea Ave

City State Zip Code
 Napoleon OH 43545-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Sheldon Cohen

Mailing Address 35585 Lake Shore Blvd # 1

City State Zip Code
 Eastlake OH 44095-1963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11AI.7251

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr James E Ellashek

Mailing Address 3665 Stutz Dr # 2

City State Zip Code
 Canfield OH 44406-9144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2012

Transaction ID : SA11AI.7101

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Karl G Espeleta

Mailing Address 110 W Wenger Rd

City State Zip Code
Englewood OH 45322-2725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2012

Transaction ID : SA11AI.7079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey C Esterburg

Mailing Address 1063 S Court St

City State Zip Code
Medina OH 44256-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI.7115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr John F Fellrath

Mailing Address 3757 Woodford Pl

City State Zip Code
Dayton OH 45430-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.7096

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sam Fick

Mailing Address 3075 Villa Dr

City

Toledo

State

OH

Zip Code

43614-5265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Loren Frumker

Mailing Address 4212 State Route 306 Ste 206

City

Willoughby

State

OH

Zip Code

44094-9248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11AI.7185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Veronica Coleman Glogowski

Mailing Address 3437 Kleeman Lake Ct

City

Cincinnati

State

OH

Zip Code

45211-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.7126

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark C Gorman

Mailing Address 29001 Cedar Rd Ste 453

City

Lyndhurst

State

OH

Zip Code

44124-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 13 / 2012

Transaction ID : SA11AI.7203

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Michael James Grau

Mailing Address 3805 Edwards Rd Ste 160

City

Cincinnati

State

OH

Zip Code

45209-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : SA11AI.7084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Patrick Charles Haggerty

Mailing Address 3700 Stutz Dr Ste 1

City

Canfield

State

OH

Zip Code

44406-8194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.7158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David E Heisel

Mailing Address 5723 Travis Pointe Ct

City State Zip Code
 Westerville OH 43082-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : SA11AI.7253

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Bruce G Herpy

Mailing Address 801 E STATE ST

City State Zip Code
 Barberton OH 44203-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : SA11AI.7260

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Lynnsay R Hickman

Mailing Address 363 S Drexel Ave

City State Zip Code
 Columbus OH 43209-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11AI.7121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert T Jensen

Mailing Address 7100 Corporate Way

City State Zip Code
Centerville OH 45459-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : SA11AI.7106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Michael J Kastner

Mailing Address 3231 Central Park W Ste 201

City State Zip Code
Toledo OH 43617-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : SA11AI.7082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Steven J Katz

Mailing Address 3690 Orange Pl Ste 520

City State Zip Code
Beachwood OH 44122-4466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : SA11AI.7142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David R Kimberly

Mailing Address 554 White Pond Dr Ste B

City State Zip Code
Akron OH 44320-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : SA11AI.7073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr James Kozlow

Mailing Address 207 S Main St

City State Zip Code
Poland OH 44514-2070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2012

Transaction ID : SA11AI.7100

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin M Laing

Mailing Address 101 S Shannon St

City State Zip Code
Van Wert OH 45891-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : SA11AI.7034

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James E Lessick

Mailing Address 8371 Misty Ridge Trl

City

Youngstown

State

OH

Zip Code

44514-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : SA11AI.7138

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr David A Lewicki

Mailing Address 7555 Fredle Dr Ste 120

City

Painesville

State

OH

Zip Code

44077-9417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2012

Transaction ID : SA11AI.7320

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Beth A Loew

Mailing Address 2204 Inchcliff Rd

City

Columbus

State

OH

Zip Code

43221-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : SA11AI.7175

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark Alan Logeman

Mailing Address 2761 Erie Ave

City

Cincinnati

State

OH

Zip Code

45208-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 13 / 2012

Transaction ID : SA11AI.7191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Timothy O March

Mailing Address 1580 Fishinger Rd Ste L

City

Columbus

State

OH

Zip Code

43221-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.7141

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Gregory A Mc Donald

Mailing Address 25 E Central Ave Ste 1

City

Springboro

State

OH

Zip Code

45066-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : SA11AI.7231

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Matthew J Messina

Mailing Address 20390 Lorain Rd

City

Fairview Park

State

OH

Zip Code

44126-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : SA11AI.7041

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Donald R Murdock

Mailing Address 5420 N Bend Rd

City

Cincinnati

State

OH

Zip Code

45247-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI.7113

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr Matthew William Nakfoor

Mailing Address 3030 W Sylvania Ave Ste 104

City

Toledo

State

OH

Zip Code

43613-4147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 10 / 2012

Transaction ID : SA11AI.7037

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr David Owsiany

Mailing Address 1370 Dublin Rd

City State Zip Code
Columbus OH 43215-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : SA11AI.7156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Sharon Kay Parsons

Mailing Address 2862 E Main St

City State Zip Code
Columbus OH 43209-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : SA11AI.7081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Charles R Pfister

Mailing Address 698 E Washington St Ste 1A

City State Zip Code
Medina OH 44256-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11AI.7167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard R Ragozine

Mailing Address 28 E Main St

City State Zip Code
 Girard OH 44420-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.7140

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Judy A Robinson

Mailing Address 3924 Marshall Rd

City State Zip Code
 Kettering OH 45429-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 27 / 2012

Transaction ID : SA11AI.7241

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Jon A Saadey

Mailing Address 70 Russo Dr

City State Zip Code
 Canfield OH 44406-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.7137

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Larry J Sangrik

Mailing Address 401 South St Ste 3B-1

City

Chardon

State

OH

Zip Code

44024-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 16 / 2012

Transaction ID : SA11AI.7225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jenifer M Schnettler

Mailing Address 4425 Fulton Dr Nw

City

Canton

State

OH

Zip Code

44718-2863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.7150

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr R Gregory Shelhouse

Mailing Address 5685 Far Hills Ave

City

Dayton

State

OH

Zip Code

45429-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2012

Transaction ID : SA11AI.7091

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lee E Snelson

Mailing Address 3919 E Market St

City

Warren

State

OH

Zip Code

44484-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.7135

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Ralph Edward Snelson

Mailing Address 3919 E Market St
N Mar Ctr Bldg 6

City

Warren

State

OH

Zip Code

44484-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.7134

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr Lee B Swearingen

Mailing Address 48959 Calcutta Smith Ferry Rd

City

East Liverpool

State

OH

Zip Code

43920-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.7139

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey A Tilson

Mailing Address 426 Beecher Rd

City State Zip Code
Columbus OH 43230-1797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.7189

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey A Tilson

Mailing Address 426 Beecher Rd

City State Zip Code
Columbus OH 43230-1797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : SA11AI.7050

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Jerome M Urell

Mailing Address 5180 E Main St Ste D

City State Zip Code
Columbus OH 43213-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : SA11AI.7266

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 46
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrew Brookins Wade

Mailing Address 5249 W Broad St

City State Zip Code
Columbus OH 43228-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.7117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Andrew W Zucker

Mailing Address 3708 Columbus Ave Ste 10

City State Zip Code
Sandusky OH 44870-5776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Dentist

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : SA11AI.7128

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

13750.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 46

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JPMorgan Chase Bank, N.A

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	2		

Mailing Address 100 E Broad Street

City	State	Zip Code
Columbus	OH	43271

Transaction ID : SB21B.7391Purpose of Disbursement
Bank Charges

Amount of Each Disbursement this Period

Candidate Name

793.04

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

793.04

TOTAL This Period (last page this line number only)..... ►

793.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. A.Thompson for State Rep.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2012

Mailing Address Treas:Richard Hanf
416 Strecker Ln.

City Marietta State OH Zip Code 45750-9628

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7349**

Amount of Each Disbursement this Period

350.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Batchelder for Rep.Comm.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2012

Mailing Address Treas:Homer Davis
4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7377**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Brenner For Ohio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2012

Mailing Address Treas:Donald Dages
8824 Clearview Lake Ct.

City Powell State OH Zip Code 43065

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7348**

Amount of Each Disbursement this Period

250.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3100.00

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Ohio Dental Association Political Action Committee



1000.00

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	~1000.00
25-34	~800.00
35-44	~600.00
45-54	~400.00
55-64	~200.00
65-74	~100.00
75-84	~50.00
85+	~20.00

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

A diagram of a rectangular frame with four vertical supports, one at each corner. The supports are represented by small vertical rectangles. The frame is a larger rectangle with a double-line border.

Category/
Type

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

3000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Ohio Dental Association Political Action Committee

A. Citizens for Gardner Comm.

Mailing Address Treas:Michael Sibbersen
431 N. Prospect Street

City	State	Zip Code
Bowling Green	OH	43402

Transaction ID : SB29.7380

Purpose of Disbursement	Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: District:

B. Citizens For Hall

Date of Disbursement

Mailing Address Treas:Shirley Roberts
31 N. Hillside Dr.

City	State	Zip Code
Millersburg	OH	44654

Transaction ID : SB29.7359

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: District:

C. Citizens for Hottinger

Date of Disbursement

Mailing Address Treas: Larry Wise
2135 Horns Hill Rd.

City	State	Zip Code
Newark	OH	43055

Transaction ID : SB29.7362

Purpose of Disbursement Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Mike Wilson

Mailing Address Treas: Joni Wilson

2159 Deer Meadow Dr.

City

Springfield Twp

State

OH

Zip Code

45240

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2012

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : SB29.7327

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Citizens for Perales

Mailing Address Treas: Patrick Wendling

2766 Chatham Ct.

City

Beavercreek

State

OH

Zip Code

45431

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2012

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SB29.7345

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Citizens for Sears

Mailing Address Treas: Kevin Gilmore

6711 Monroe St. Bldg. 3 Ste.D

City

Sylvania

State

OH

Zip Code

43560

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2012

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SB29.7352

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1550.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citiz to Elect Ron MaagMailing Address Treas: Mary Kubicki
2075 South St. Rt. 123

City Lebanon State OH Zip Code 45036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.7373

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Com. Elect Robert HackettMailing Address Treas:Sandra Ballard
2050 Palouse Dr.

City London State OH Zip Code 43140

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.7372

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Comm. for Jim HughesMailing Address Treas:Bradley Sinnott
14 E.Gay Street - 2nd Fl.

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.7366

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.7389

Check Returned Uncashed

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Comm. to Elect John Adams

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas:Tara Adams
1509 Bon Air Circle

City Sidney State OH Zip Code 45365

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7368**

Amount of Each Disbursement this Period

750.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Comm to Elect Chris Widener

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas:Peggy Hupp
23 S. Center Street

City Springfield State OH Zip Code 45502

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7355**

Amount of Each Disbursement this Period

2000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Comm to Elect Fred Strahorn

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Tom Roberts
531 Belemonte Pike #1001

City Dayton State OH Zip Code 45405-4749

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7361**

Amount of Each Disbursement this Period

250.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Comm to Elect Jeff McClain

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Jerry Taylor
428 S. SanduskyCity State Zip Code
Upper Sandusky OH 43351Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7363**

Amount of Each Disbursement this Period

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Comm to Elect Wachtmann

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Christian Peper
550 Euclid Ave.City State Zip Code
Napoleon OH 43545Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7328**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Friends for Allen Landis

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Debby Landis
4570 Harrold St. NWCity State Zip Code
Dover OH 44622Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7347**

Amount of Each Disbursement this Period

400.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1900.00

--

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

Ohio Dental Association Political Action Committee

A. Friends of Armond Budish

Category/
Type

1500.00

State: District:

B. Friends of Armond Budish

07 / 26 / 2012

Category/
Type

-1500.00

State: District:

C. Friends of Bill Coley

Category/
Type

1000.00

State: District:

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.7388

Voided check 2360 issued 04/17/12

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of EklundMailing Address Treas:Greg Schmidt
12040 Burlington Glen Dr.

City Chardon State OH Zip Code 44024

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.7332

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of FaberMailing Address Treas:Dale Schwieterman
7706 State Route 703

City Celina State OH Zip Code 45822

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.7378

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Gary SchererMailing Address Treas:Jeffrey A. Harr
19920 Commerical Point POB 123

City Circleville State OH Zip Code 43113

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.7340

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3850.00

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: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB29

Transaction ID : SB29.7390

Returned Uncashed

Form/Schedule:

Transaction ID:

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

Ohio Dental Association Political Action Committee

08 / 31 / 2012

Category/
Type

State: District:

MM / DD / YYYY

Category/
Type

State: District:

Category/
Type

State: District:

2600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristina D. Roegner For OH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Peter Haanschoten
2222 East Streetsboro Street

City Hudson State OH Zip Code 44236

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7334**

Amount of Each Disbursement this Period

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Matt Huffman for State Rep.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Tami Stanford
2220 Merit Drive

City Lima State OH Zip Code 45805

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7370**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Newbold for Ohio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Rose Newbold
347 East St. Rt. 14

City Columbiana State OH Zip Code 44408

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7357**

Amount of Each Disbursement this Period

250.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ruhl For State Rep.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Kelly Schermerhorn
3 Swingle Ave.

City Mt. Vernon State OH Zip Code 43050

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7369**

Amount of Each Disbursement this Period

350.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Seitz for State Comm.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Steve Geiler
4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7354**

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Slaby for State Rep.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Mailing Address Treas: Ben Napier
527 Cheswyck Ct.

City Copley State OH Zip Code 44321

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : SB29.7382**

Amount of Each Disbursement this Period

350.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1700.00

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